

Training Course in Maternal and Child Health Epidemiology
Scottsdale, Arizona
June 1 – 6, 2003
Sponsors: HRSA/MCHB/CDC

Complete the registration form and mail or fax to CRP, Inc. at the address or fax number listed below. The **deadline** for application submission is **February 15, 2003**.

CRP, Inc.
4201 Connecticut Avenue, NW
Washington, DC 20008
Phone: (202) 362-0691
Fax: (202) 362-1675
Email: crp@crpcorp.com

(Please Print or Type)

1. Name:

Salutation *Dr.* *Ms.* *Mr.* *Miss* *Mrs.*

First _____ MI _____ Last _____

2. Organization/Agency:

Title/Position: _____

Division/Department: _____

3. Address:

Street _____

Dept/Suite _____

City _____ State _____ Zip _____

4. Phones:

Daytime # () _____ Extension _____

Alternative # () _____ Fax # () _____

5. Email: _____

6. Please provide a brief description of your current job responsibilities.

7. How long have you been performing these activities?

- _____ Less than 1 year
- _____ 2-5 years
- _____ More than 5 years

8. Please identify and describe any key community-based service partnerships of your unit.

9. Please identify any key research project (s) affiliated with your unit.

10. Gender:

Male Female

Age:

- Under 22
- 23 – 30
- 31– 40
- 41 – 50
- 51 – 60
- 61 and over

12. Race/Ethnicity:

- African American/Black
- Asian
- American Indian/Alaska Native
- Hispanic/Latino
- Pacific Islander or Native Hawaiian
- White
- Other _____

11. Emergency Contact:

Name _____

Phone () _____

13. Primary Language (If not English):

14. Education:

School Name

Degree/Date/Area of Specialty

Please list any continuing education/training:

Course Topic

Sponsoring Agency

15. Please rate your skills in the following areas:

Category	Excellent	Good	Poor	Comments
Epidemiology				
Biostatistics				
Program Evaluation				
Questionnaire Design				
Data Analysis				
Needs Assessment				
Linking Data Sets				
Database Management				

16. Do you consider yourself proficient in performing the following tasks:

Task	Highly Proficient	Somewhat Proficient	Not at all Proficient
Writing programming statements to recode variables			
Creating dummy variables			
Creating derived variables			
Delineating an analysis plan			
Creating tables and graphs			
Moving files between software packages			
Selecting appropriate statistics to report			
Working with SAS, SPSS, or any other statistical package			

17. What skills are you expecting to acquire and/or refine as a result of participating in this course?

18. What datasets are currently used by your agency/organization (e.g. census data, vital records, WIC, PRAMS, YRBS, etc.)?

19. Do you use these datasets directly or do you delegate their use to someone else? If you delegate, to whom?

20. Which of the following telecommunications technologies do you have access to at your agency/organization?

- Computer Network
- Email
- Internet
- with audio player
- with video player
- Fax
- Video Tape
- Live Video
- Cable
- Satellite

21. Which operating system(s) do you use?

- Windows 95/98
- Windows 2000/NT
- Windows XP
- Mac
- UNIX
- Solaris

Other, (please specify) _____

22. Which statistical packages do you know how to use?

- SAS
- SPSS
- SUDAAN
- Epi_Info
- EPI_Map
- ArcView
- Other, (please specify) _____

23. Which other applications do you use?

- Corel Office
- Lotus Notes
- Lotus Smart Suite
- Microsoft Exchange
- Microsoft Access
- Microsoft Excel
- Microsoft Word
- Groupwise

Other, (please specify) _____

24. Participation in this program includes access to core faculty for technical consultation on an ongoing project. Please provide a summary of the project you will bring to the course, including a brief discussion of the data/analytic issues involved.

25. How did you hear about this training course?

Applicant's Signature/Date

Supervisor's Name/Title

Supervisor's Signature/Date

If you registered on line, please fax this signature page, by February 15, 2003, to (202) 362-1675.

Thank you!

